## **Sixth Grade**

## **Annual School Immunization Survey Worksheet**

See Instructions for filling out the Annual School Immunization Survey Worksheet and the EXAMPLE

Certificate Information							Vaccine Specific Information					
	Date of	Certificate Expiration	Current/ Provisional/	Medical	Religious	No	Tdap	Td Booster	MCV	Hepatitis B	MMR	Varicella
Child ID #	Birth (MM/DD/YY)	Date (MM/DD/YY)	Expired Certificate	Exemption	Exemption	Certificate on File	# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record or History of Disease
Totals*												

\*NOTE: Totals are not a sum of the number of doses. Totals indicate the number of children with a particular count of vaccine. See EXAMPLE for details.